

The Indiana Commission to Combat Drug



Behavioral Health Division

Comprehensive Community Plan

County: Vigo

LCC Name: Drug Free Vigo County

LCC Contact: Cammy Reed

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County Commissioners:

Address: Vigo County Courthouse

City: Terre Haute

Zip Code: 47803

Vision Statement

What is your Local Coordinating Council's vision statement?

The Drug Free Vigo County coalition strives to make Vigo County free of substance use

issues.

Mission Statement

What is your Local Coordinating Council's mission statement?

The Vigo County LCC is dedicated to educating the youth and adults of Vigo County about alcohol and other drug problems; assessing the needs; initiating, coordinating, and organizing comprehensive community plans to address these needs.

Name	Organization	Race	Gender	Category
Cammy Reed	Drug Free Vigo County	Caucasian	F	Staff
Karen Harding	CASY	Caucasian	F	Prevention
Andy Jones	Hamilton Center	Caucasian	M	Treatment
Brandon Halleck	Chances And Services for Youth	Caucasian	M	Prevention
Christina Crist	Team of Mercy	Caucasian	F	Treatment
Dana Simons	Next Step Community	Caucasian	F	Treatment
Louise Anderson	Community	Caucasian	F	Health
Amber Caddick	Union Hospital	Caucasian	F	Health
Jason Brentlinger	Terre Haute Police Dept	Caucasian	M	Law Enforcement
Jenny Newlin	WTHI	Caucasian	F	Media
Josh Michael	Gibault Children's Services	Caucasian	M	Treatment
Dawn Arnold	Maryland Community Church	Caucasian	F	Religious/Fraternal Organization

Keith Madley	Gibault Children's Services	Caucasian	M	Religious/Fraternal Organization
Emily Murrey	CODA	Caucasian	F	Prevention
Shannon Giles	Tobacco Prevention/Cessation	Caucasian	F	Prevention

Amy Cline-Butler	Anabranh Recovery	Caucasian	F	Treatment
Misty Parker	ISU	Caucasian	F	Education
Tamera McCollough	ISU Police	African American	F	Law Enforcement
Lakshmi Reddy	Superior Court	Asian	F	Justice
Avdi Avdija	ISU	Asian	M	Education
Megan Kirk	School Corporation	Caucasian	F	School/Education
Ismene Kelly	Wabash Valley Recovery Alliance	Caucasian	F	Treatment
Kris Aninger	United Way	Caucasian	F	Prevention
Beth Hoke	Union Hospital	Caucasian	F	Healthcare
Yvonne Cox	WorkOne	Caucasian	F	Business
Arif Akgul	ISU	Asian	M	Education
Sheri Kelley	Vigo Co Drug Court	Caucasian	F	Justice
William Turner	Indiana State Excise Police	Caucasian	M	Law Enforcement Sector

iLEAD	CHANCES Youth	Caucasian	F	Youth Nelli Mcleod
Dawn Black	Indiana State University United Campus Ministries	Caucasian	F	Religious/Fraternal Organization
Emily Roberts	FSA Counseling Services	Caucasian	F	Treatment
Heidi Decker	Department of Child Services	Caucasian	F	Prevention
Elaine Banter	ITVAP	Caucasian	F	Prevention
Joshua Goldner	Juvenile Drug Court	Caucasian	M	Justice
Darek McMullen	Prosecutor Office	Caucasian	M	Justice
Michael Rentfro	Next Steps	Caucasian	M	Treatment
Roni Elder	Health Department	Caucasian	F	Prevention
Haylee Dorsett	Indiana Center for Recovery	Caucasian	F	Treatment
Marsha Dowell	Groups Recover Together		F	Treatment
Robert Hutchens	Hamilton Center		M	Treatment
Tony Burkeybyle	Living Free Family Recovery	Caucasian	M	Religious/Fraternal Organization
Tim Ramseier	Wabash Valley Youth for Christ	Caucasian	F	Religious/Fraternal Organization
Amy Oehl	Vigo Co Treatment Court	Caucasian	F	Justice

Daniel Parmer	ISU		M	Education
Lindsay Hunter	Harsha	Caucasian	F	Treatment
Nicole Fry	YMCA	Caucasian	F	Youth Serving
Duke Bennett	City of Terre Haute Mayor	Caucasian	M	Local Government
Meredith Osburn	Wabash Valley Goodwill	Caucasian	F	Business
Lindsey Skelton	Next Step Foundation	Caucasian	F	Treatment
Debbie Hill	Coldwell Banker	Caucasian	F	Business
Jaboa Barker Shaffer	Union Hospital		M	Healthcare
Myra Wilkey	Mental Health America	Caucasian	F	Treatment
Christina Wicks	IYSA	Caucasian	F	Prevention
Michelle Arnold	Union Health		F	Healthcare
Christine Knight	Next Step		F	Treatment
Melissa Grinslade	FSA Counseling		F	Treatment
Amanda Richards	Groups Recover Together		F	Treatment
Matthew Herrick	Union Health		F	Healthcare
Sashi Kumaran	Reenty Residence Change		F	Treatment
Rachel Reed	Mental Health America	Caucasian	F	Treatment
Matt Hayes	Hamilton Center		M	Treatment

Tiffany Sinclair	IN Dept of Corrections		F	Justice
Susan Turner	TH Children's Museum		F	Education
Maci Hiser	FSSA		F	Prevention
Breanna Trimble	IN Dept of Corrections		F	Justice
Lisa Walker	Wabash Valley Goodwill		F	Business
Bekka Kramer	Wabash Valley Goodwill		F	Business
Kathryn Snyder	Hamilton Center		F	Treatment
Charles Natt	Hamilton Center		F	Treatment
Kate Hobbs	Indiana Center for Recovery		F	Treatment
Lacy Lewis	Aspin Services		F	Treatment
Tammy Boland	TH City Counsel		F	Government
James Carroll	IN Dept of Health's Office of Minority Health		M	Religious

LCC Meeting Schedule:
Please provide the months the LCC meets throughout the year: January, February, March, April, May, June (Youth Leadership Summit), July, August, September, October, November,

Community Needs Assessment: Results

The first step in developing an effective substance use and misuse reduction plan is to assess your community. A community assessment tells you about your community's readiness to

implement prevention, treatment, and justice-related programs to address substance use and misuse. An assessment also provides an overview of the risk and protective factors present in the community, helping your coalition plan more effectively.

Community Profile

<p>County Name: Vigo County</p>
<p>County Population: 107,038</p>
<p>Schools in the community:</p> <p>High Schools: North Vigo, South Vigo, West Vigo, Booker T. Washington, Vigo Virtual Success Academy Middle Schools: Honey Creek, Otter Creek, Sarah Scott, West Middle, Woodrow Wilson, Vigo Virtual Success Academy Elementary: Sugar Creek Consolidated, Davis Park, Dixie Bee, Farrington Grove, Fayette, Fuqua, Lost Creek, Riley, Rio Grande, Sugar Grove, Terre Town, Ouabache, Benjamin Franklin, Devaney, Hoosier Prairie Colleges: Indiana State University, Rose-Hulman, Saint Mary-of-the-Woods, Ivy Tech Trade Schools: Harrold Beauty Academy, Longs School of Cosmetology, VCSC Trades Program</p>
<p>Medical care providers in the community (hospitals, health care centers, medical centers/clinics, etc.):</p> <p>Regional Hospital, Union Hospital, Providence Medical Group, Union Medical Group, Associated Physicians and Surgeons, Terre Haute Medical Clinic, Southside Family Medicine, Signature Healthcare of Terre Haute, Illiana Internal Medicine, Wabash Valley Health Center, Valley Professionals Community Health Center</p>
<p>Mental health care providers in the community (hospitals with psychiatric/behavioral health units, mental health clinics, private/public providers, etc.):</p> <p>Hamilton Center, FSA Counseling, Mehta Behavioral Health, Applied Behavior Center for Autism, Health Connections and Wellness, Hopebridge Autism Therapy Center, Lamb Center, Union Hospital Behavioral Healthcare, Care Counseling, ISU Psychology Clinic, Griffin and Assoc, Harsha Behavioral Center, Psychological Assoc., Mental Health of America, Kathleen Hilton and Assoc, Murphy, Urban, and Assoc., Gibault Children’s Services, Cornerstone Counseling, Wabash Valley Community Health Center, Valley Professionals Community Health Center, Terre Haute Regional Hospital</p>

Service agencies/organizations:

Area 7 Agency for the Aging, Western IN Community Action, Chances And Services for Youth, Reach Services, Catholic Charities, Meals on Wheels, Firefly, Energy Assistance, Prosecutor's Office, Adult Protective Services, Resource MFG, Express Employment, Bethany House, The Salvation Army, Indiana Veterans Employment, Lifeline Youth And Family Services,

Development Services Inc., of Vigo Co., West Central Indiana Economic, Visiting Angels, Kelly Services, Wabash Valley Goodwill, RJL Solutions, Wabash Valley Community Foundation, Labor Link, Shriners, MANPOWER, Crisis Pregnancy Center, Advantage Plus, Junior Achievement, Next Steps, Veterans of Foreign Wars, Indiana Family And Social Services, American Legion, Terre Haute Moose, United Way of The Wabash Valley, Purdue Extension, CODA, Susie's Place

Local media outlets that reach the community:

WTHI TV, WTWO, WTHI-FM, WBOW, The River, WZJK, WMIG, WIBQ, WBGL, Midwest Communications, Crossroads Communication, Win 98.5, Tribune Star

What are the substances that are most problematic in your community?

Alcohol, prescription drugs, Opioids, Tobacco/e-cigs, Methamphetamines.

List all substance use/misuse services/activities/programs presently taking place in the community:

Western Indiana Recovery, Hamilton Center, Mental Health of America, Next Steps, Gibault Services, Harsha Behavioral, FSA, Vigo Co Alcohol and Drug, United Way of the Wabash Valley, Terre Haute Drug and Alcohol Treatment, Teen Challenge Wabash Valley, Terre Haute Regional Hospital Behavioral Health Unit, VA East Community Base OP Clinic, Club Soda, Fellowship House, Al-Anon, AA, Al-Ateen, Restorative Justice Drug Court, Wabash Valley Recovery Center, Baby And Me Tobacco Free, Tobacco Prevention Cessation, Indiana Center for Recovery, Anabranche Recovery

Community Risk and Protective Factors

Use the list of risk and protective factors to identify those present in your community. Identify the resources/assets and limitations/gaps that exist in your community related to each. The lists are not all inclusive, and others may apply.

Risk Factors Examples: trauma and toxic stressors; poverty violence; neighborhood characteristics; low

neighborhood attachment; community disorganization; community norms and laws favorable toward drug use, firearms, and crime; availability of alcohol and other drugs; weak family relationships; family substance use; peer substance use; mental health problems; families moving frequently from home to home; limited prevention and recovery resources.

Protective Factors Examples: strong family relationships; neighborhood economic viability; low childhood stress; access to health care; access to mental health care; community-based interventions; restricted access to alcohol and other drugs including restrictive laws and excise taxes; safe, supportive, and connected neighborhoods; meaningful youth engagement opportunities; local policies and practices that support healthy norms and child-youth programs; positive connection to adults.

Risk Factors	Resources/Assets	Limitations/Gaps
<ul style="list-style-type: none"> • Perceived approval of substance use by youth. 	<ul style="list-style-type: none"> • Youth prevention service providers: FSA, CHANCES, MHA. • School corporations: in school and after school prevention programs and events. • Community based resource guide. 	<ul style="list-style-type: none"> • Financial limitations, high poverty rates. • Lack of awareness information relating to substance abuse for both adults and youth. • Transportation for access to intervention and education programming. • Isolation of families and children due to COVID
<ul style="list-style-type: none"> • Families moving frequently, chaotic home environments 	<ul style="list-style-type: none"> • Government housing/HUDD supports, Habitate for Humanity. • Faith based community. • School corporation programming, both in school and after school. 	<ul style="list-style-type: none"> • Wait list for Government Housing supports. • Financial limitations • Family support oriented programming.

<ul style="list-style-type: none"> • Disengaged adult population, low neighborhood attachment. 	<ul style="list-style-type: none"> • Community park system with organized recreational activities and events. • Ethnic/cultural events, activities and organizations. • Faith based organizations. 	<ul style="list-style-type: none"> • Financial limitations and transportation. • Limited participation and willingness or awareness of alternative activity involvement. • Lack of neighborhood family friendly events.
Protective Factors	Resources/Assets	Limitations/Gaps
<ul style="list-style-type: none"> • Community based entities for both prevention and treatment services. • CODA response to domestic violence calls 	<ul style="list-style-type: none"> • County based civic and service organizations. • Community hospitals, health care providers and faith-based organizations. • Data driven substance abuse and community needs grants that are issue specific. 	<ul style="list-style-type: none"> • Awareness of information or program availability. • Outside influences from substance use advocates. • Lack of local political leadership or engagement.

<ul style="list-style-type: none"> • Meaningful Youth engagement opportunities 	<ul style="list-style-type: none"> • Youth service agencies such as CHANCES, Mental Health America, faith-based youth programming. • Community parks and out of school activities and programming. • Vigo County School Corp in school and after school activities. 	<ul style="list-style-type: none"> • Family encouragement, support, engagement. • Funding supports, transportation and geographical opportunities. • Availability of alternative activities and mentoring opportunities for youth.
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<ul style="list-style-type: none"> • Local policies and practices that promote healthy norms. 	<ul style="list-style-type: none"> • Comprehensive tobacco ordinance • Awareness campaigns addressing substance abuse. • Enforcement practices that address compliance with policies and laws. 	<ul style="list-style-type: none"> • Stricter enforcement of local polices within the community and the school corporations. • Stronger political leadership and involvement. • Shortage of law enforcement personnel
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Making A Community Action Plan

Now that you have completed a community assessment and have identified the risk and protective factors that exist, you can develop a plan of action. The Comprehensive Community Plan (CCP) is a systematic and community-driven gathering, analysis, and reporting of community-level indicators for the purpose of identifying and addressing local substance use problems.

Step 1: Create problem statements, and ensure problems statements are in line with statutory requirements

Step 2: Ensure your problem statements are evidence-informed, then

prioritize Step 3: Brainstorm what can be done about each

Step 4: Prioritize your list, and develop SMART goal statements for each

Step 5: List the steps to achieve each goal

Step 1: Create + Categorize Problem Statements

Create problem statements as they relate to each of the identified risk factors.

Risk Factors	Problem Statement(s)
1. Perceived approval of substance use by youth.	<ul style="list-style-type: none"> • Trauma experienced within the home environment leads to mental health issues and subsequent substance abuse. • The perception of acceptance, low risk or limited ramifications contributes to illegal substance use by youth. • Family norms and intergenerational practices contribute to the acceptability

	of substance use by youth.
2. Families moving frequently, chaotic home environments	<p>1. Poverty, or a suppressed economic status, leads to chaotic home environments that contribute to substance abuse.</p> <ul style="list-style-type: none"> • Substance abuse can be the result of violence or trauma found in chaotic home environments. • Mental illness can lead to inappropriate substance use and self-medication resulting in chaotic home environments
3. Disengaged adult population, low neighborhood attachment.	<ul style="list-style-type: none"> • There is a lack of engagement on the part of individuals and families with the local community. • Limited participation or willingness to engage in alternative activities contributes to substance abuse by adults and youth. • Funding limitations and the lack of transportation leads to a lack of participation with alternative activities to substance abuse.

Step 2: Evidence-Informed Problem Statements

Identify your top three problem statements using local or state data. Ensure that there is a problem statement for each co-equal funding category (e.g., prevention/education; intervention/treatment; and criminal justice services and activities).

Problem Statements	Data That Establishes Problem	Data Source
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<p>1. The perception of acceptance, low risk or limited ramifications contributes to illegal substance use by youth.</p>	<ul style="list-style-type: none"> • 11.50 of 7th grade Indiana Students, West Region, reporting first time use of cigarettes. • 12.15 8th graders reported first time use of electronic vape products • 10.48 6th graders reported first time use of alcohol, tobacco, and other drug use. • 12.71 8th graders reported trying Marijuana for the first time. • 10.40 6th graders reported first time use of prescription drugs. • During 2022, 579 youth were arrested. 34 were arrested for alcohol/controlled substance charges • 15-24 yr. old 159 arrested for drug offenses. Alcohol -51, 2-cocaine, 32-controlled substance, 76- Marijuana, 26-meth, 1- opioids, 35-paraphernalia • 11.5 8th graders reported high risk of availability of alcohol • 425 youth were suspended/expelled from Vigo County Middle Schools & High Schools for Vape/E-Cig (357) other related to drug use including alcohol (68) use during the 22-23 Academic Year • Alcohol Sales Compliance Checks – 15 out of a total of 15 checks passed in Vigo County during 2022. 	<p>Prevention Insights Indiana Youth Survey, West Region, 2022</p> <p>Vigo Co Juvenile Probation Records, 2023</p> <p>Indiana Arrest Information/Dashboard, 2020</p> <p>Indiana Youth Survey, West Region, 2022</p> <p>Indiana Department of Education, 2023</p> <p>Indiana Excise Police Alcohol Compliance Checks – 2023</p>
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	<ul style="list-style-type: none"> • Tobacco Compliance Checks: 5 Failures out of 87 total, 2022 <p>High Risk 27.8% 6th graders reported moderate risk from tobacco use. 34.4% 6th graders reported slight risk of marijuana</p> <p>20.0% 8th graders reported no risk to smoking 1+ pack of cigarettes per day 18.5% 7th graders reported slight risk for 1-2 alcoholic drinks nearly every day</p>	<p>Indiana Excise Police Tobacco Compliance-2023</p> <p>Prevention Insights Indiana Youth Survey - 2022</p>
<ul style="list-style-type: none"> • Substance abuse can be the result of violence or trauma found in chaotic home and community environments. 	<ul style="list-style-type: none"> • 25-34 age 315 drug arrests, 35-44 age 245 arrests drugs, 45-54 age 126 arrested for drugs, 55-64 age 59 arrest, 65 and older 13 arrested • Out of 4,581 child removals with parental alcohol/drug abuse in Indiana, 185 took place in Vigo Co. • 13.8 6th graders reported poor family management • 38.3 6th graders reported high family conflict <p>It is estimated that 5,209 Vigo County residents are living with a tobacco related illness. There is an estimated 174 deaths in Vigo County due to tobacco use.</p>	<p>Indiana State Police Arrest Records 2020</p> <p>Indiana Department of Child Services, 2021</p> <p>Indiana State Department of Health/TPC, 2023</p>

<ul style="list-style-type: none"> Limited participation or willingness to engage in alternative activities contributes to substance abuse by adults and youth. 	<p>During 2019, 370 adults were arrested for alcohol charges, 465 for meth possession, 337 for marijuana and 221 for possession of a controlled substance.</p>	<p>Indiana State Police Arrest Records, 2020</p>
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	<p>In 2022, 1,485 youth and adults received alcohol and/or drug treatment in Vigo County.</p> <p>The percentage of mothers who smoked in Vigo Co. during pregnancy in 2022 was 21.8%. Indiana State rate was 10.9%</p> <p>Estimated adult smoking rate in Vigo County was 20.7%. Indiana State estimated smoking rate was 17.3%</p> <p>75,044 Registered voters 27,400 voted 37% turnout</p>	<p>Hamilton Center, 2023</p> <p>ISDH/TPC, 2023</p> <p>ISDH/TPC, 2023</p> <p>Vigo County Clerk's Office - 2023</p>
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Step 3: Brainstorm

Consider the resources/assets and limitations/gaps that were identified for each risk factor, and list what actions can be taken for each identified problem statement.

<p>Problem Statements</p>	<p>What can be done (action)?</p>
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<p>1. The perception of acceptance, low risk or limited ramifications contributes to illegal substance use by youth.</p>	<ul style="list-style-type: none"> • Support youth prevention and education programming that decreases substance use approval/attitudes by youth. • Address adult and parental lack of understanding of youth substance use by public forum presentations addressing this issue. These would include a community add campaign with local media involvement.
<p>2. Substance abuse can be the result of violence or trauma found in chaotic home and community environments.</p>	<ul style="list-style-type: none"> • Provide law enforcement and justice programming with resources for projects

	<p>that reduce criminal activity associated with alcohol and other drug abuse. Specifically implementing Drug Endangered Children training (DEC).</p> <ul style="list-style-type: none"> • Identify populations that are most at risk and in need of treatment services with the intent of supporting treatment services. • Support/create programs that address parenting, life skills, and isolation behavior that contributes to substance abuse. Specifically Operation Parent and Strengthening Families.
<p>3. Limited participation or willingness to engage in alternative activities contributes to substance abuse by adults and youth.</p>	<ul style="list-style-type: none"> • Encourage promotion of existing cultural, recreational, and community based programs, activities and events. • Identify factors that contribute to negative behaviors such as trauma, chaotic family life, and mental illness for community education and awareness purposes.

Step 4: Develop SMART Goal Statements

For each problem statement, prioritize your list of what can be done. Choose your top two actions for each. Then, develop goal statements that demonstrate what change you hope to achieve and by when you hope to achieve it.

Problem Statement #1 The perception of acceptance, low risk or limited ramifications contributes to illegal substance use by youth.
Goal 1 Youth in grades 6 thru 12 will report a 3% decrease in past 30-day use of alcohol, marijuana, and tobacco/vaping products per the Indiana Youth Survey by March 2024.
Goal 2 The number of youth participating in treatment programming addressing the illegal use of tobacco and vaping products, alcohol and marijuana will increase by 4% by March 2024.
Problem Statement #2 Substance abuse can be the result of violence or trauma found in chaotic home and community environments.
Goal 1 The number of adults entering into the local justice system due to substance abuse issues will have a 60% completing rate in Strengthening Families program.

Goal 2 The DFVC will see an increase of 4% the number of adults referred for treatment assessments and counseling services addressing substance abuse by March, 2024.
Problem Statement #3 Limited participation or willingness to engage in alternative activities contributes to substance abuse by adults and youth.
Goal 1 A minimum of three community-based prevention/awareness events will be supported by the DFVC by March, 2024.
Goal 2 A community resource guide will be distributed electronically through the eIntervention system to all of the community-based service providers by March, 2024.

Step 5: Plans to Achieve Goals

For each goal, list the steps required to achieve each

Problem Statement #1	Steps
<p>Goal 1: Youth in grades 6 thru 12 will report a 3% decrease in past 30-day use of alcohol, marijuana, and tobacco/vaping products per the Indiana Youth Survey by March 2024.</p>	<ul style="list-style-type: none"> • Increase participation with iLEAD Youth Council with CHANCES support. • Support life skill development programs such as Strengthening Families Program, Team of Mercy, Too Good for Drugs. • Support in school programming provided by law enforcement agencies.
<p>Goal 2: The number of youths participating in treatment programming addressing the illegal use of tobacco and vaping products, alcohol and marijuana will increase by 4% by March 2024.</p>	<ul style="list-style-type: none"> • Share treatment provider information through the eIntervention system to facilitate the referral process for treatment. • Support youth serving agencies with the identification of youth in need of treatment services. • Support public campaigning that would increase the public's awareness of treatment services.
Problem Statement #2	Steps

<p>Goal 1: The number of adults entering into the local justice system due to substance abuse issues will have a 60% completing rate in Strengthening Families program.</p>	<ul style="list-style-type: none"> • Support law enforcement agencies with equipment and training needs. • Program support purchases and training needs addressing life skill development. • Support in- jail treatment and drug testing initiatives thru Drug Court and other Justice programs.
<p>Goal 2: The DFVC will see an increase of 4% the number of adults referred for treatment assessments and counseling services addressing substance abuse by March 2023.</p>	<ul style="list-style-type: none"> • Support treatment initiatives provided by FSA Counseling, Choices Consulting and other community-based treatment providers. • Provide education and treatment materials for motivational interviewing. • Resource Guide with assets to be provided to the community at large.
<p>Problem Statement #3</p>	<p>Steps</p>
<p>Goal 1: A minimum of three community-based prevention/awareness events will be supported by the DFVC by March 2023.</p>	<ul style="list-style-type: none"> • Annual Youth conference with increasing participation. • Topic specific lunch and learn events. • Drug Take Back days and media supported campaign.
<p>Goal 2: A community resource guide will be distributed electronically through the eIntervention system to all of the community-based service providers by March, 2024.</p>	<ul style="list-style-type: none"> • Continue to update website. • Continue to update community links affiliated with the web site. • Ongoing resource guide development with updates.

Fund Document

The fund document allows the LCC to provide finances available to the coalition at the beginning of the year. The fund document gauges an LCC's fiscal wellness to empower their implementation of growth within their community. The fund document also ensures LCCs meet the statutory requirement of funding programs within the three categories of (1) Prevention/Education, (2) Treatment/Intervention, and (3) Criminal Justice Services and Activities (IC 5-2-11-5).

Funding Profile

Amount of funds deposited into the County Drug Free Community Fund from fees collected last year: \$47,250.43		
Amount of unused funds that rolled over from the previous year: \$19,814.00		
Total funds available for programs and administrative costs for the upcoming year: \$67,065.42		
Amount of funds granted the year prior: \$ 79,290.00		
How much money is received from the following entities (if no money is received, please enter \$0.00): \$0.00		
Substance Abuse and Mental Health Services Administration (SAMHSA):\$0.00		
Bureau of Justice Administration (BJA): \$0.00		
Office of National Drug Control Policy (ONDCP): \$175,000.00		
Indiana State Department of Health (ISDH): \$0.00		
Indiana Department of Education (DOE): \$0.00		
Indiana Division of Mental Health and Addiction (DMHA): \$0.00		
Indiana Family and Social Services Administration (FSSA): \$0.00		
Local entities: \$0.00		
Other: \$0.00		
Funding allotted to prevention/education; intervention/treatment; and criminal justice services and activities (\$100.00):		
Prevention/Education: \$20,000.00	Intervention/Treatment: \$22,636.50	Justice: \$16,766.25
Funding allotted to Administrative costs:		

<i>Itemized list of what is being funded</i>		<i>Amount (\$100.00)</i>
Other		\$7,663.00
Funding allotted by Goal per Problem Statement:		
Problem Statement #1	Problem Statement #2	Problem Statement #3
Goal 1: \$9,900.46	Goal 1: \$9,900.46	Goal 1: \$9,900.46
Goal 2: \$9,900.46	Goal 2: \$9,900.46	Goal 2: \$9,900.46